

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
07-20406-CR-JORDAN/TORRES
Case No. _____
18 U.S.C. § 1349

UNITED STATES OF AMERICA

vs.

EDUARDO RUIZ,

Defendant.

INFORMATION

The United States Attorney charges that:

GENERAL ALLEGATIONS

At all times relevant to this Information:

The Medicare Program

1. The Medicare Program ("Medicare") was a federal program that provided free or below-cost health care benefits to certain individuals, primarily the elderly, blind, and disabled. The benefits available under Medicare are prescribed by statute and by federal regulations under the auspices of the United States Department of Health and Human Services ("HHS"), through its agency, the Centers for Medicare and Medicaid Services ("CMS"). Individuals who received benefits under Medicare were commonly referred to as Medicare "beneficiaries."

2. Medicare was a "health care benefit program," as defined by Title 18, United States Code, Section 24(b).

3. Part B of the Medicare Program was a medical insurance program that covered, among other things, certain physician and outpatient services, and other health care benefits, items, and services, including durable medical equipment (“DME”), that were medically necessary and ordered by licensed medical doctors or other qualified health care providers. DME is equipment that is designed for repeated use and for a medical purpose, such as prosthetic limbs, back braces, knee braces, and wheelchairs.

4. For Florida beneficiaries, Medicare Part B’s insurance concerning DME and related health care benefits, items, and services, was administered by Palmetto Government Benefits Administrators (“Palmetto GBA”), pursuant to a contract with HHS. Among Palmetto GBA’s responsibilities, it received, adjudicated, and paid the claims of authorized DME suppliers that were seeking reimbursement for the cost of DME and other health care benefits, items, or services supplied or provided to Medicare beneficiaries.

Medicare Billing Procedures

5. A DME company that sought to participate in Medicare Part B and bill Medicare for the cost of DME and related benefits, items, and services was required to apply for and receive a “supplier number.” The supplier number allowed a DME company to submit bills, known as “claims,” to Medicare to obtain reimbursement for the cost of DME and related health care benefits, items, and services that a DME company had supplied to beneficiaries.

6. To receive payment from Medicare, a DME company, using its supplier number, would submit a health insurance claim form, known as a CMS-1500. Medicare permitted DME companies to submit CMS-1500 electronically or by way of paper claim forms. However the CMS-1500 was submitted, each claim form required certain important information, including:

- a. the Medicare beneficiary's name;
- b. the Medicare beneficiary's identification number;
- c. the name and identification number of the doctor who ordered the item or service that was the subject of the claim;
- d. the health care benefits, items, or services that were supplied or provided to the beneficiary;
- e. the billing codes for these benefits, items, or services;
and
- f. the date upon which the benefits, items, or services were provided.

7. Medicare, through Palmetto GBA, generally would pay a substantial portion of the cost of the DME or related health care benefits, items, and services that were medically necessary and ordered by licensed doctors or other licensed, qualified health care providers.

8. Payments under Medicare Part B were often made directly to the DME company rather than to the patient/beneficiary. For this to occur, the beneficiary would assign the right of payment to the DME company or other health care providers. Once such an assignment took place, the DME company would assume the responsibility for submitting claims to, and receiving payments from, Medicare.

9. Under Medicare rules and regulations, DME or other related health care benefits, items or other services, must be medically necessary and ordered by a licensed doctor or other licensed, qualified health care provider in order to be reimbursed by Medicare.

10. E Z Medical Services, Inc., ("E Z Medical") was a DME company with a business address in Tampa, Florida, and was operated by defendant **EDUARDO RUIZ**. Medicare authorized

E Z Medical to submit claims for reimbursement to Medicare, under Part B, for the cost of certain DME that E Z Medical dispensed by prescription to Medicare beneficiaries.

**Health Care Fraud Conspiracy
(18 U.S.C. § 1349)**

1. Paragraphs 1 through 10 of the General Allegations section of this Information are realleged and incorporated by reference as though fully set forth herein.

2. From in or around February 2005 and continuing through in or around September 2005, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendant,

EDUARDO RUIZ,

did willfully, that is, with the intent to further the object of the conspiracy, and knowingly combine, conspire, confederate, and agree with others, known and unknown to the United States Attorney, to commit an offense against the United States, that is: to violate Title 18, United States Code, Section 1347, by knowingly and willfully executing a scheme and artifice to defraud Medicare, a health care benefit program affecting commerce, as defined by Title 18, United States Code, Section 24(b), and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of Medicare, in connection with the delivery of and payment for health care benefits, items, and services.

PURPOSE OF THE CONSPIRACY

3. It was the purpose of the conspiracy for the defendant and his co-conspirators to unlawfully enrich themselves by misappropriating identifying information of Medicare beneficiaries and medical doctors and using that information to fraudulently bill Medicare for DME items and services that had neither been prescribed by doctors nor provided to the beneficiaries.

MANNER AND MEANS OF THE CONSPIRACY


The manner and means by which the defendant and his co-conspirators sought to accomplish the object and purpose of the conspiracy included, among others, the following:

4. Co-conspirators obtained lists of Medicare beneficiaries from Miami-Dade County, so that their names, Medicare numbers, and other identifying information could be used to bill Medicare.

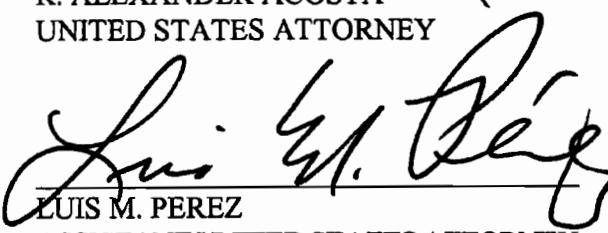
5. Co-conspirators obtained the names and the Unique Physician Identification Numbers assigned to medical doctors in Miami-Dade County, so that this information could be used to bill Medicare.

6. The defendant, through his DME company, E Z Medical, used the foregoing beneficiary and doctor information to submit false and fraudulent claims to Medicare, through a Miami-Dade County Medicare billing company, for the cost of DME and other items and services that had neither been prescribed by doctors nor provided to beneficiaries.

All in violation of Title 18, United States Code, Section 1349.



R. ALEXANDER ACOSTA
UNITED STATES ATTORNEY



LUIS M. PEREZ
ASSISTANT UNITED STATES ATTORNEY

UNITED STATES OF AMERICA

CASE NO. _____

vs.

CERTIFICATE OF TRIAL ATTORNEY*

EDUARDO RUIZ,

Defendant.

Superseding Case Information:

Court Division: (Select One)

X Miami _____ Key West _____
 _____ FTL _____ WPB _____ FTP _____

New Defendant(s)

Yes _____ No _____

Number of New Defendants _____

Total number of counts _____

I do hereby certify that:

- I have carefully considered the allegations of the indictment, the number of defendants, the number of probable witnesses and the legal complexities of the Indictment/Information attached hereto.
- I am aware that the information supplied on this statement will be relied upon by the Judges of this Court in setting their calendars and scheduling criminal trials under the mandate of the Speedy Trial Act, Title 28 U.S.C. Section 3161.

- Interpreter: (Yes or No) Yes
 List language and/or dialect Spanish

- This case will take 0 days for the parties to try.

- Please check appropriate category and type of offense listed below:
 (Check only one) (Check only one)

I	0 to 5 days	<u>X</u>	Petty	_____
II	6 to 10 days	_____	Minor	_____
III	11 to 20 days	_____	Misdem.	_____
IV	21 to 60 days	_____	Felony	<u>X</u>
V	61 days and over	_____		

- Has this case been previously filed in this District Court? (Yes or No) No

If yes:

Judge: _____ Case No. _____

(Attach copy of dispositive order)

Has a complaint been filed in this matter? (Yes or No) No

If yes:

Magistrate Case No. _____

Related Miscellaneous numbers: _____

Defendant(s) in federal custody as of _____

Defendant(s) in state custody as of _____

Rule 20 from the _____ District of _____

Is this a potential death penalty case? (Yes or No) No

- Does this case originate from a matter pending in the U.S. Attorney's Office prior to April 1, 2003? _____ Yes X No
- Does this case originate from a matter pending in the U. S. Attorney's Office prior to April 1, 1999? _____ Yes X No
 If yes, was it pending in the Central Region? _____ Yes _____ No
- Does this case originate from a matter pending in the Northern Region of the U.S. Attorney's Office prior to October 14, 2003? _____ Yes X No
- Does this case originate from a matter pending in the Narcotics Section (Miami) prior to May 18, 2003? _____ Yes X No


 LUIS M. PEREZ

 ASSISTANT UNITED STATES ATTORNEY
 FL. Bar No. 501395

*Penalty Sheet(s) attached

REV.1/14/04

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
PENALTY SHEET**

Defendant's Name: EDUARDO RUIZ

Case #: _____

Count # : 1
Conspiracy to commit health care fraud

18 U.S.C. § 1349

*Max. Penalty: 10 years' imprisonment

Counts # : _____

*Max. Penalty: _____

Counts # : _____

*Max. Penalty: _____

Count # : _____

*Max. Penalty: _____

Count # : _____

*Max. Penalty: _____

***Refers only to possible term of incarceration, does not include possible fines, restitution, special assessments, parole terms, or forfeitures that may be applicable.**

REV. 12/12/96